



State of Arizona
Naturopathic Physicians Medical Board

"Protecting the Public's Health"

1400 W. Washington, Ste 230 Phoenix, AZ 85007 Phone 602 542-8242 Fax 602 542-3093 www.aznd.gov

Governor Janice K. Brewer

APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSE

Incomplete or unreadable applications may be denied by the Board. Application and Fingerprint Card Processing Fees are Not Refundable. Alternative format of Submitting This Application: An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known. **THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT.**

PLEASE BE AWARE: YOU MUST MEET THE CURRENT LICENSURE REQUIREMENTS WHICH ARE AVAILABLE FOR REVIEWED ON OUR WEBSITE www.aznd.gov

This Application is for: ☐ Reinstatement of **Retired** Medical License

☐ Reinstatement of **Expired** Medical License

A.R.S. 32-1525 H. An applicant for examination shall take and complete all of the examinations required by this section **within a five year period.**

☐ Reinstatement of Medical License via Endorsement; from the State of _____

A.R.S. 32-1525 4. For all persons applying for a license by endorsement who were licensed in another state or a Canadian province before **January 1, 2005, an additional sixty hour course and examination in pharmacotherapeutics.**

Application Fee: NON-REFUNDABLE: \$165.00, Money Order, payable to AZND Board, 1400 W. Washington, Ste. 230

Applicant's Name: _____
Last First Middle

Business Mailing Address: _____ Ste.# _____

City: _____, State/Province: _____ Zip: _____

Email Address _____

Home Address: _____ Apt # _____

City: _____, State/Province: _____ Zip: _____

Mailing Address: _____ Apt/Ste# _____

City: _____, State/Province: _____ Zip: _____

Cell Phone (_____) _____ Other Telephone: (_____) _____

Date of Birth: ____/____/____ Place of Birth: _____
City State/Province Country

Social Security Number or United States Resident Immigration ID Number: _____

Height: _____ Inches Weight: _____ pounds Hair Color: _____ Eye Color: _____

Gender ☐ Male ☐ Female

Medical School/Clinical Training Information

Medical School Graduation Date: ____/____/____

Name of School From Which Applicant Graduated: _____

Pursuant to A.R.S. 32-1525, an applicant for licensure in the State of Arizona must take and pass the North American Board of Naturopathic Examiners (NABNE) NPLEX examinations.

- A. Part One: I took and passed the NPLEX Basic Sciences Examination given on . Yes No
- B. Part Two: I took and passed the NPLEX Clinical Science Examination given on Yes No
- C. Add On's: I took and passed the NPLEX Acupuncture and Minor Surgery add on's. Yes No

Applicants are required to request each agency listed below to verify the status of the license or certificate. The document for requesting said information is enclosed with this application. It may be copied as needed.

Name of Licensing Agency	Location	Status of License or Certificate	Next Renewal Date

You are required to answer all of the following questions

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? [☐ Yes [☐ No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? [☐ Yes [☐ No
3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? [☐ Yes [☐ No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? [☐ Yes [☐ No
5. Do you have a complaint and/or investigation pending before any agency? [☐ Yes [☐ No
6. Have you ever been found guilty of being medically incompetent? [☐ Yes [☐ No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? [☐ Yes [☐ No
8. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? [☐ Yes [☐ No

***An applicant is required to submit a written supplement to this application if the answer is Yes to any of the above questions. ** The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to the questions.**

The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation is inclusive of all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

[☐] Yes [☐] No I submitted a written supplement to this application for the above questions.

PLEASE BE AWARE: 32-1526. Licenses; certificates; issuance; renewal; failure to renew H. A person who fails to renew a license or certificate by the due date shall pay a late renewal fee as prescribed in section 32-1527. A license or certificate automatically expires if not renewed within sixty days after the due date. I. The board may reinstate a license or certificate on payment of all renewal and penalty fees as prescribed in section 32-1527 and, if requested by the board, presentation of evidence satisfactory to the board that the applicant for reinstatement of an expired license is professionally able to engage or assist in the practice of naturopathic medicine and still possesses the professional knowledge required. If an applicant for reinstatement of an expired license has not been licensed and actively practicing in a jurisdiction of the United States or Canada in the three years immediately preceding the application, the board may issue a limited license that requires a period of general supervision by another licensed naturopathic physician not to exceed one year.

Have you been licensed and actively practicing in a jurisdiction of the United States or Canada in the three years immediately preceding this application? () YES () NO

YOU MUST SUBMIT A COPY OF DOCUMENTATION FROM LIST A OR LIST B OF THE ENCLOSED FORM TITLED “EVIDENCE OF U.S. CITIZENSHIP” Federal law, 8 U.S.C. § 1641, and state law, A.R.S. § 1-501, requires documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona. See attached list A and B available on the website www.aznd.gov

Citizen Status Declaration: Are you a United States Citizen? Yes____ No____ Attach a legible copy of the front and the back (if any) of a document from the attached **List A** that demonstrates U.S. citizenship. *If you answered NO to this question then complete the question below*

Alien Status Declaration: Are you a legal resident authorized to work in the United States? Yes_____ No_____ Attach a legible copy of the front and the back (if any) of a document from the attached **List B** that evidences your status A.R.S. §1-501. Complete list A and B available on our website www.aznd.gov

I have submitted a copy of _____ in order to fulfill the documentation requirement as outlined in 41-1080. I understand that failure to supply this documentation will result in a delay and possible licensure revocation.

Signature: _____(Required)

Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

Print The Applicant’s Full Name: _____ **being first duly sworn upon his or her oath deposes and says all of the following:** I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 200_____

(OFFICIAL STAMP)

Notary Public Signature

**Mail or deliver to: Naturopathic Physicians Medical Board
1400 W. Washington, Ste. 230, Phoenix, AZ 85007**

Requirements for Licensure in the State of Arizona

The successful completion of the Jurisprudence Examination is a requirement of the State of Arizona Naturopathic Physicians Board of Medical Examiners for licensure. Arrangements to take the examination can be made by contacting the Board office.

Pursuant to A.R.S. 32-1522

A. To be eligible for a license to practice naturopathic medicine pursuant to this chapter, the applicant shall:

- (1) Be a graduate of an approved school of naturopathic medicine.
- (2) Have satisfactorily completed an approved internship, preceptorship or clinical training program in naturopathic medicine.
- (3) Possess a good moral and professional reputation.
- (4) Be physically and mentally fit to practice as a doctor of naturopathic medicine.
- (5) Not be guilty of any act of unprofessional conduct or any other conduct which would be grounds for refusal, suspension or revocation of a license under this chapter.
- (6) Not have had a license to practice any profession refused, revoked or suspended by any other state, district or territory of the United States or another country for reasons which relate to his ability to skillfully and safely practice as a physician in this state.
- (7) File a completed application pursuant to section 32-1524 and pass the examination provided for in section 32-1525

B The Board may:

Require an applicant to submit credentials or other written or oral proof. Make investigations it deems proper to adequately advise the Board with respect to the qualifications of an applicant.

Also

Check List for Applicant

- ☐ Yes ☐ No I have enclosed a passport size photograph and have printed my name on the back
- ☐ Yes ☐ No I have enclosed with this application my fingerprint card completed by a fingerprint technician. The Board does not process fingerprint cards. The card is sent to Arizona Department of Public Safety , **please send a money order payable to DPS in the amount of \$22.00.** That agency processes the card and transmits the card to the United States Department of Justice Federal Bureau of Investigation. That Bureau reads the fingerprints and provides a Criminal Justice Information Report to the Board. ***This fee is not refundable.***
- ☐ Yes ☐ No I have provided the required reinstatement fee.[**\$165.00 Money Order payable to AZND Board**].
- ☐ Yes ☐ No I have provided the required documentation of evidence I can legally work in Arizona as a Naturopathic Physician.
- ☐ Yes ☐ No I have reviewed the certificate to dispense requirements A.R.S. 32-1581 and ARTICLE 9 under Rules. I have determined that I Do_____ Do Not_____ require the certificate.
- ☐ Yes ☐ No I have provided proof of 30 hours of CME for the year I am submitting the application for reinstatement.

(CME must have been completed within the 12 months prior to application submission)

If you require a certificate to dispense, complete the application and mail it in with the appropriate fee.

Per: A.R.S. § 32-15254. For all persons applying for a license by endorsement who were licensed in another state or a Canadian province before January 1, 2005, an additional sixty[60] hour course and examination in pharmacotherapeutics.

Verification of License, Registration or Certificate, Current Standing or Reason for Denial.

Notice to Applicant: You are required to send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a professional or occupational license or certificate in the practice of medicine or in any healing art. It is your responsibility to correctly identify yourself to that agency or board and pay them a fee, if any, for remitting the information to the State of Arizona.

AGENCY NAME: _____ **Phone:** _____

ADDRESS: _____ **City,** _____ **State** _____ **Zip** _____

APPLICANT NAME: _____ **LICENSE/CERTIFICATION No.** _____

I have submitted an application of licensure to the State of Arizona to obtain a medical license from the Naturopathic Physicians Board of Medical Examiners. I hereby authorize you to send directly to the state of Arizona the information requested herein and to report any disciplinary action that is pending or that has been taken against my license, registration or certificate:

Signature of Applicant Required

Date

AGENCY REPRESENTATIVE PLEASE COMPLETE THE FOLLOWING

Is the person named on this document licensed, registered or certified by your Agency or Board? ☐ Yes ☐ No

Name of the individual
as it appears in your records: _____

Type of license, Registration or Certificate: _____ Date of initial issuance: _____

License, registration or certificate number: _____

Is the license, registration or certificate currently active: ☐ Yes ☐ No
If NO, list the reason:

Is an action pending or has any action been taken against the applicant? ☐ Yes ☐ No
If YES, provide information regarding any action pending or taken against the individual.
Copies may be attached to this document

Was a license, registration or certificate denied to this applicant? ☐ Yes ☐ No
If DENIED, provide the date and the reason for the denial.

Signature of Agency Representative

Title

Date

Agency Seal

**EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS
LIST A: U.S. CITIZEN OR U.S. NATIONAL**

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) [An Arizona driver license issued after 1996 or an Arizona nonoperating identification license](#) issued after 1996
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) United States passport;
- (4) [A foreign passport with a United States visa.](#)
- (5) [A United States citizenship and immigration services employment authorization document or refugee travel document.](#)
- (6) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (7) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).
- (13) A tribal or bureau of Indian affairs affidavit of birth.

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997),

COMPLETE LIST A AND B AVAILABLE ON OUR WEBSITE www.aznd.gov

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